2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91232 012 ***158.75

DOCUMENT # P95000062536

1. Entity Name
TRADEX OF ORLANDO, INC.

Principal Place of Business	Mailing Address
2591 CHATHAM CIRCLE KISSIMMEE, FL 34746	2591 CHATHAM CIRCLE KISSIMMEE, FL 34746

05012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2594 CHATHAM CIRCLE	2594 CHATHAM CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State: KISSIMMEE FL
Zip: 34746 Country: USA	Zip: 34746 Country: USA

4. FEI Number: 59-3340774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAZOS, ADRIANA 2308 ENFIELD COURT ORLANDO, FL 32837	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT MARIOTTO, EUGENIO 2591 CHATHAM CIRCLE KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EUGENIO MARIOTTO 4/30/04 (407)3613046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #